PART B - FEE(S) TRANSMITTAL

Complete and send	this form, together w	ith applicable		Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents	7
INSTRUCTIONS: This for amorphism will further cor- indicated unless corrected to maintenance fee notification	respondence including the local pelow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and PUBLI ders and notification) specifying a new	CATION FEE (if requirement of maintenance fees vectorrespondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
	E ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal. The	mailing can only be used for is certificate cannot be used for all paper, such as an assignment of mailing or transmission.	or domestic mailings of the for any other accompanying ont or formal drawing, must
PATENTS+TMS, P.C. 2849 W. ARMITAGE AVE. CHICAGO, IL 60647				I hereby certify that the States Postal Service	rtificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (571) 273-2885, on the d	g deposited with the United st class mail in an envelope
6/2006 SHASSEN2 00000070 10612774 C:2501 700.00 OP C:1504 300.00 OP				JUNE TONE	M. MATTSON Di WIWID 1. 2006	(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,774 07/02/2003 Richard Jedrzejewski RJJ-P-03-001 5015 TITLE OF INVENTION: SHANTY AND A SYSTEM AND A METHOD FOR ASSEMBLING THE SAME						
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/06/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SLACK, NAOKO N		3635		052-790100		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) RIVERSIDE, IL						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4b. Payment of Fee(s): Salar Fee						
5. Change in Entity Status	•	•	D			PD 1 07()(0)
The Director of the USPTO	ublication Fee (if required)	ie Fee and Publicat	tion Fee (if any) or to	o re-apply any previous	LL ENTITY status. See 37 Cly paid issue fee to the applicated attorney or agent; or t	ation identified above.
Authorized Signature	Drop	MA			JUNE 1, 200	6
Typed or printed name	BRIAN M.1	1 ATT SOI	<u>ي</u>	Registration ?	No. 35,018	
submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	ity is governed by 35 U.S.C pplication form to the USPT for reducing this burden, slinia 22313-1450. DO NOT 1450.	. 122 and 37 CFR 1 O. Time will vary nould be sent to the SEND FEES OR C	1.14. This collection depending upon the Chief Information COMPLETED FORI	is estimated to take 12 individual case. Any conficer, U.S. Patent and MS TO THIS ADDRES.	the public which is to file (an minutes to complete, including omments on the amount of tith Trademark Office, U.S. Deps. SEND TO: Commissioner displays a valid OMB contro	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE